BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003								10-609-169						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			22					RATE	FEE		RATE	FI	EΕ	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	Basic fee	750	.00	
TOTAL CHARGEABLE CLAIMS			22 minus 20=		. 2			X\$ 9=	18	OR	X\$18=			
INDEPENDENT CLAIMS			6 minus 3 =			3		X42=	126	OR	X84≈			
M	LTIPLE DEPEN	IDENT CLAIM P					+140=		OR	+280≃				
* If the difference in column,1 is less than zero, enter "0" in column 2							Į	TOTAL	519	OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER	THA	N	
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTI	ΤY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO)DI- NAL EE	
	Total	. 31	Minus	 2	2	= 9		X\$ 9=	81.00	OR	X\$18=			
AME	Independent	. 8	Minus	*** (2	= 2		X42=	88.00	OR	X84=	П		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	П		
									169.0	OB.	TOTAL	H		
		(Column 1)		(Colur	nn 2)	(Column 3)		ADDIT. FEE	.4 1,6		addit. Fee	\top		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	TIO	DI- NAL EE	
	Total	*	Minus	**	•	=	11	X\$ 9=		OR	X\$18=			
	Independent	* NTATION OF M	Minus	***	CLAMA	-	$\ \ $	X42=		OR	X84=			
_	MATTHEOL	NIATION OF III	OCTIFEE DE	EMPEIAL	(ALAHVI		1	+140=		OR	+280=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE	
	Total	•	Minus	**		æ		X\$ 9≃		OR.	X\$18=			
	Independent	*	Minus	***		-	11	X42=		OR	X84=	\vdash		
_		NTATION OF M			J	+140=		OR	+280=					
24	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Eff the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE			
	The Highest Nun	aber Previously Pe	id For (Fotal o	r Independ	ent) is the	e highest numb	er lou	nd in the app	oropriate box	in col	luma 1,			